

FEB 02 2009

**Haim M. Factor**

Ofek Group Inc.  
16192 Coastal Highway  
Lewes, DE 19958-3608  
haim.factor@1st-tech-ideas.com  
Phone (302) 231.2042 Fax: (206) 339.5920

2 February 2009

Applications Assistance Service  
Commissioner for Patents  
USPTO, PO Box 1450  
Alexandria, VA 22313-1450

Fax: (571) 273 8300

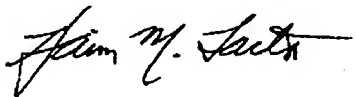
RE: US Non-Provisional Patent Application no. 10/550,681- Power of Attorney

Dear Sir,

Please find attached a completed and signed Power of Attorney for the referenced application.

I would appreciate your expediting the incorporation of this application into my private PAIR so that I may make an electronic filing related to this case later this week.

Thank you in advance for your cooperation.



Haim Factor, Registration number: 52,877, customer number 40591

FEB 02 2009

PTO/USPTO: (5-1-00)  
Approved for use through 11/30/2011. CNA 00113000  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/550,681
	Filing Date	09/29/2005
	First Named Inventor	JERACHMIEL, YORIK APPELBAUM
	Title	
	Art Unit	1612
	Examiner Name	PACKARD, BENJAMIN J
Attorney Docket Number		30557

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

40591

OR

☐ I hereby appoint the Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name: **HAIM FACTOR**

Address: **18152 COASTAL HIGHWAY**

City: **LEWES** State: **DE** Zip: **19958**

Country:

Telephone: **302 237 2042** Email:

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(a) (Form PTO/SB/06) submitted herewith or filed on:

SIGNATURE of Applicant or Assignee of Record

Signature	Date
<b>JERACHMIEL, YORIK APPELBAUM</b>	<b>02/02/2008</b>
Name	Telephone
<b>JERACHMIEL, YORIK APPELBAUM</b>	<b>912 25711233</b>
Title and Company	

NOTE: Signatures of all the inventor or assignee of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of **1** forms are submitted.

The collection of information is required by 37 CFR 1.51, 1.52 and 1.53. The information is required to obtain a benefit by the submission to the United States Patent and Trademark Office, in appropriate "Correspondence" is provided by 35 U.S.C. 122 and 37 CFR 1.52 and 1.54. The collection is designed to obtain 3 minutes to complete, including the time to complete the correspondence application form to the USPTO. The cost of the collection is \$10.00. The collection is required to be submitted to the USPTO, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND PTO OR COMPLEXED FORMS TO THE ADDRESS. SEND THE COMPLEXED FORMS TO THE ADDRESS. P.O. Box 1450, Alexandria, VA 22313-1450.

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